# **Photography/video/audio/story consent form**

# Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Event/story: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This form is for you to give or deny consent to [*insert organisation name here*] (‘the organisation’) to capture and use the story you share (‘the story’) and/or any video, photos or audio (‘the materials’) featuring you. If you give your consent, we will use you story and/or the materials sensibly and sensitively to inform others about our work in improving health. You can withdraw your consent at any time by emailing [*insert email address here*]. If you ask us to, we will stop to use your story and materials from then onwards, but please note that it will not be possible to recall all work already published that may feature your story and/or materials.

**I understand and give consent to** [*insert organisation*] **(or an agent working on its behalf) to do the following. My answers refer to** [please circle as appropriate: *myself* / *my child* / *my children* / *someone else in my care*]**:**

**Capture** the story I share, including any sensitive information I agree

to disclose (for example, around personal or health problems) 🞎 Yes 🞎 No

**Take** **photos** and/or **video** featuring me 🞎 Yes 🞎 No

**Edit** the materials sensitively to fit different formats or purposes 🞎 Yes 🞎 No

**Use** the story and materials in the organisation’s print and digital media

channels (such as website and social media), which may reach

a large number of people 🞎 Yes 🞎 No

**Make me identifiable** by using my basic personal details,   
such as my name, with the story and materials 🞎 Yes 🞎 No

**Share** the materials with **third parties** for the purpose of processing them   
on the organisation’s e.g. production companies and creative agencies 🞎 Yes 🞎 No

**Share** the story with **local and national media** to help inform the public  
about the work the organisation does 🞎 Yes 🞎 No

**Store** the personal details provided here and any materials gathered safely   
and lawfully, so that the organisation can contact me about this consent, my story

or the materials 🞎 Yes 🞎 No

**I also understand that:**

The story and materials will be the copyright of the organisation as well as any

other intellectual property which arises in these\* 🞎 Yes 🞎 No

The organisation will not be liable for any losses I may suffer as a result of   
using the story and/or materials 🞎 Yes 🞎 No

The Organisation has no obligation to share the story and/or materials with me 🞎 Yes 🞎 No

The Organisation has no obligation to use the story and/or materials in the Organisation’s

print or digital media channels 🞎 Yes 🞎 No

The Organisation may continue using the story and/or materials in the future,   
unless I ask the Organisation to stop using them 🞎 Yes 🞎 No

**If the person this consent refers to is a child (under 18)**,I agree   
to all the above as parent, guardian or care-giver responsible for the child 🞎 Yes 🞎 No

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| --- |
| Name of person in story, photograph, video, audio: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Job title (if staff): ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature (if person this form relates to is 18 years old or above): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If this consent form relates to a person under the age of 18:  Age of child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of parent, guardian or care-giver responsible for the child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Contact telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contact email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Organisation staff member or agent name, organisation and job title: ­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
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Organisation staff member or agent signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| For office use only – Please include here details to identify the images/video of the person giving consent: |

**For Organisation staff member or agent:** I confirm that a copy of this form has been shared with the person giving consent: 🞎 Yes 🞎 No

**Privacy and Data Protection:** the story and materials will be held and processed in accordance with the General Data Protection Regulation (GDPR) and the Data Protection Act 2018. The personal data (e.g. your name) collected on this form will be held securely by us at the Organisation and will only be used for the purposes set out in this form and for administrative purposes. We will be the data controller of the personal data. You have rights in relation to your personal data, for example, the right to access or correct the data we (or the agency we have used) hold about you. You can do this by contacting us at [*insert email address*].

\* Intellectual property rights include but are not limited to “moral rights of authors”, “performers rights” or similar rights as under the Copyright, Designs and Patents Act 1988.